

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,143

FILING DATE

09-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			e			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11			e			
12			1			
13				1-		
14				1-		
15				1-		
16				1-		
17				1-		
18				1-		
19				1-		
20				1-		
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						